



SENIOR CARE OPTIONS PROGRAM

- Commonwealth Care Alliance is a nonprofit, comprehensive care system focused exclusively on the medical and social support needs of the Commonwealth's most vulnerable citizens who are Medicare and/or Medicaid beneficiaries.
- Our members are among the most frail and medically complex subset of Medicaid beneficiaries, and they live mostly in communities that experience significant disparities in healthcare services. Our members have an exceedingly high average Medicare Risk Score of 1.71 and 72% are "nursing home certifiable", the highest percentages among all the Senior Care Options (SCO) programs.
- Our members' hospital use is 55% of the risk adjusted Medicare FFS average [Lewin Group Study for the National Health Policy Group] and nursing home placements from those at risk in the community are significantly reduced (25%) when compared to those in the Medicaid FFS system [Jen Associates, Inc].
- Over the past six years, we have expanded our network from 6 to 26 enhanced primary care "medical homes" that are in varying states of evolution (CHCs, group practices, solo practices, IPA networks) in many areas of Massachusetts. Today, there are 82 nurses/nurse practitioners and 27 geriatric social workers, funded by Commonwealth Care Alliance, fully integrated into these practices.
- In our SCO program, we invest millions of dollars each year (\$16.9M in CY2010) to create multidisciplinary team models of care, financing services above and beyond what traditional payers for primary care would routinely reimburse for the supportive infrastructure necessary to promote home medical management, 24/7 continuity of care and the ability to substitute home and community services for hospital and nursing home care. That investment is made in the form of people (e.g. nurse practitioners and geriatric social workers) as well as in the supports to these people resources (e.g. electronic medical records).
- We invest heavily and creatively in home and community based long-term care supports as part of individualized plans of care for our SCO members, particularly in those who are "nursing home certifiable". In CY2009, we financed 440 personal care attendants (full-time equivalents) in Massachusetts' most impoverished communities, as a key component of individualized plans of care.
- The enhanced financial resources going to primary care infrastructure, care coordination and home and community long-term care services, can be financed from savings achieved by reducing hospitalizations and nursing home placements. These strategic resource allocations are deliberate cost effective service substitutions. They do not come from overpayments by our government payers and they are not a result of "rationing".
- As a nonprofit entity, Commonwealth Care Alliance has no access to venture capital or other equity investment options. We can only fund this primary care, medical home investment and its expansion through medical expense savings on more costly institutional services.



SENIOR CARE OPTIONS PROGRAM KEY DATA

MEMBERSHIP—MEDICARE/MEDICAID DUALY ELIGIBLE

- Total Enrollment 11/01/2011 = 3,613
- Demographic Overview:
 - 68% of members are female; 32% of members are male
 - 62% of members speak a primary language other than English
 - 72% of members are functionally homebound
- Clinical Overview:
 - 56% Diabetic (2009)
 - 23% with CHF (2009)
- Average Medicare Risk Score:
 - Commonwealth Care Alliance Membership Overall: 1.71
 - Commonwealth Care Alliance Functionally Homebound Members: 1.88

PRIMARY CARE SYSTEM INVESTMENT

- 26 primary care sites throughout Massachusetts
- 27 social workers and 82 RN/RNPs currently working at these sites, not there six years ago.
- \$16.9M increase in primary care expenditures over FFS Medicare in 2010.

QUALITY/SATISFACTION

- Clinical Indicator Data:
 - 56% of Commonwealth Care Alliance members have been diagnosed with diabetes and 97% of these members received a glycosylated hemoglobin test in 2009 vs. benchmark of average annual percentage of 95.6% [NCQA, HEDIS 2009]
 - 80% of Commonwealth Care Alliance members received a flu vaccine for the 2009 flu season vs. benchmark of 67% [Medicare Current Beneficiary Survey]
 - Commonwealth Care Alliance scored in the 90th percentile or above on the following Health Effectiveness Data and Information Set (HEDIS) measures — Comprehensive Diabetes Care: Annual HbA1c Monitoring & Medical Attention for Nephropathy, Annual Monitoring for Patients on Persistent Medication, Adults' Access to Preventive/Ambulatory Health Services
- CHF preventable hospitalization:
 - Commonwealth Care Alliance 26.1 admissions/1000/ year vs. Massachusetts bench mark 21.1 admissions /1000/year
 - [Massachusetts Benchmark: 850,000 Medicare eligible seniors (Risk Score 1.0); Commonwealth Care Alliance members (Risk Score 1.71), 23% with CHF]

- Pharmacy hassle factor:
 - More than 95% of pharmacy prescriptions are accepted, processed, and paid on first attempt
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UTILIZATION

- Primary Care visits per 1000 per year:
 - Homebound Elder: 17,061 visits/1000/year
 - Ambulatory Elder: 11,263 visits/1000/year
 - Medicare FFS average 7,000–8,000 visits/1000/year
 - Average of 3.1 home visits (assessment and management) per homebound elder per month
 - Inpatient Hospital Days (risk-adjusted) [Lewin Advanced Practice Study 2008 for National Health Policy Group]:
 - Medicare Dual FFS experience 2007: 3,551 days/1000/yr.
 - SNP Alliance – Dual Eligible – 23 SNP plans experience, 2007: 2,468 days/1000/yr.
 - Commonwealth Care Alliance, Senior Care Options experience 2007: 1,955 days/1000/yr.
 - Nursing home placements for those at risk in the community are significantly reduced (25%) when compared to those in the Medicaid FFS system [Jen Associates, Inc]
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COST

- Annual rate of total medical expenditure increase:
 - Homebound (Nursing Home Certifiable) Elders (2004–2010) = 3.3%
 - Ambulatory Elders: (2005–2010*) = 2.6%*
- Annual percentage of Homebound Elders (Nursing Home Certifiable) permanently placed in a Nursing Facility (2010): = 1.7%

*Insufficient ambulatory enrollment prior to 2005